

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-000702

STATE FILE NUMBER

AMENDED

Registration District No. 62 Primary Registration District No. 5239 Registrar's No. _____

FILED FEB 13 1962

1. PLACE OF DEATH a. COUNTY <u>Cedar</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cedar</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Linn Twp.</u>		c. CITY OR TOWN <u>Stockton</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>6 Miles S. of Stockton</u>		d. STREET ADDRESS (If outside, give location) <u>6 Miles South</u>	
3. NAME OF DECEASED (Type or print) First <u>LEE</u> Middle <u>MILLARD</u> Last <u>PRICE</u>		4. DATE OF DEATH Month <u>Feb.</u> Day <u>6</u> Year <u>1962</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>10-12-1912</u>
9. AGE (last birthday) <u>49</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Construction</u>	
11. BIRTHPLACE (City and state or country) <u>Stockton, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>John H. Price</u>		13b. MOTHER'S MAIDEN NAME <u>Lucy Simmons</u>	
14. NAME OF HUSBAND OR WIFE <u>Mary Price</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u> </u>		17. INFORMANT <u>Mrs. Mary Price, Stockton, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Hemorrhage</u> DUE TO (b) <u> </u> DUE TO (c) <u> </u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH <u>minutes</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>Car wreck - turned over several times</u>	
20c. TIME OF INJURY Hour <u>10:40</u> a.m. <u> </u> p.m. <u> </u> Month, Day, Year <u>2-6-62</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway 89 Jerico Corner</u>		20f. CITY, TOWN, OR LOCATION <u>Stockton</u>	
20g. COUNTY <u>Cedar</u>		20h. STATE <u>Mo</u>	
21. I attended the deceased from <u> </u> , to <u> </u> and last saw her alive on <u> </u> . Death occurred at <u> </u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Wm. B. Richter MD</u>		22b. ADDRESS <u>Stockton Mo</u>	
22c. DATE SIGNED <u>2-7-62</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
23b. DATE <u>2-9-1962</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Gum Springs Cemetery</u>	
23d. LOCATION (City, town, or county) <u>Cedar County, Mo.</u>		23e. (State) <u> </u>	
24. FUNERAL DIRECTOR <u>CANTLON FUN. HOME, STOCKTON, MO</u>		25. DATE REC'D. BY LOCAL REG. <u>2-7-62</u>	
26. REGISTRAR'S SIGNATURE <u>Mrs Geneva Cantlon</u>		27. (State) <u> </u>	

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed John A. Cantlon

Licensed Embalmer No. 4387

P. O. Address. Stockton, Md.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.